



CITY OF POST FALLS
408 N. Spokane Street
Post Falls, ID 83854
(208) 777-4504

E-Mail: assessments@postfallsidaho.org

LETTER OF AGREEMENT

*I do hereby request that the City of Post Falls send city utility billing (which may include water, sewer, sanitation, and /or streetlights, recycling bins (if lost or stolen) and garbage toters) to the below named management company. I also understand my responsibilities as per **City Ordinance #923** approved by the Post Falls City Council on December 1, 1998.*

Account Number: _____ Service Address: _____

Property Owner Information

Name(s): _____

Mailing Address: _____

Home Phone: _____ Business: _____

Place of Employment: _____

Signature: _____

(It is the owners/managers responsibility to verify with the Finance Department that the utility bills remain current.)

Property Manager Information

Name of Authorized Employee: _____

Management Company: _____

Mailing Address: _____

Phone Number: _____

Signature: _____

****Property Manager may sign on behalf of the property owner if the property manager agrees to pay charges not paid by the property owner – utilities will not be turned over to a property management company without an authorized signature.***